



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received 18-APR-2006
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Reference No. 10155579

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City O'FALLON State MO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an owner's signature, DOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 4/25/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2CNDL73F956 [REDACTED]
Make CHEVROLET Model EQUINOX Model Year 2005
Date Purchased 18-NOV-04 Dealer's Name and Telephone Number WEBER CHEVROLET Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City SAINT LOUIS State MO Zip Code 63141-9009
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE Vehicle Component Code 980000 OTHER
Multiple Failure: 1 ANY TIME A REAR WINDOW IS OPENED @ HWY. SPEED

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-APR-2006 Failure Mileage 7200 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED WHILE DRIVING AT VARIOUS SPEEDS WITH THE REAR WINDOWS DOWN, THE AIR THUMPS AND POUNDS THROUGH THE VEHICLE. THIS CAUSES DISCOMFORT TO THE CONTACT'S EARS. THE DEALERSHIP AND MANUFACTURER DETERMINED THIS IS HOW THE VEHICLE WAS MANUFACTURED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 (this information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.